

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027116

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 10021Registrar's No. 3722

STATE FILE NUMBER

FILED JUL 30 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 64 YEARS | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4612 Genessee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JACK JOHN HAMPTON | | | 4. DATE OF DEATH Month Day Year JULY 16, 1962 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-4-92 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Table Ready Meat Dept | | 10b. KIND OF BUSINESS OR INDUSTRY Swift & Co. | 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR |
| 11. BIRTHPLACE (City and state or country) SOUTH POINT, MO. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME TODD HAMPTON | | 13b. MOTHER'S MAIDEN NAME EMMALINE SINCLAIR | |
| 14. NAME OF HUSBAND OR WIFE MARY M. HAMPTON | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I | |
| 16. SOCIAL SECURITY NO. [REDACTED] | | 17. INFORMANT 69 Address Official Records VA Hospital, K.C., Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of gastric contents DUE TO (b) Bronchopneumonia, severe DUE TO (c) Occlusion right carotid artery PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized atherosclerosis, advanced | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA | | 20f. CITY, TOWN, OR LOCATION JULY 15, 1962 to JULY 16, 1962 and last saw her/him alive on | |
| 21. attended the deceased from 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE [Signature] | |
| 22b. ADDRESS VA Hospital, K.C., Mo. | | 22c. DATE SIGNED 7-16-62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 18, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR Gates, 1901 Olathe Blvd., Kansas City, Kansas | | 25. DATE RECD. BY LOCAL REG. 7-17-62 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | 27. REGISTRAR'S SIGNATURE [Signature] | |

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.